PTO/SB/06 (08-03)
Approved for use through 7/31/2008. OMB 0851-0032
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	PAT	ENT APPLIC		FEE DETEI te for Form PTC		NRECORD		Applicat	lon or Docket Nu	mber
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OTHER THAN SMALL ENTITY	
	FOR	NUMBE	NUMBER FILED		REXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					.385	OR		<u>\$</u>		
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20		}	x 8=		OR	x \$=	
NDEPENDENT CLAIMS 37 CFR 1.16(b))		IS /	1 minus 3		}	x \$=		OR	x \$ =	·
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))						+8=		QR	+\$=	
" If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	\$ 05,	хО _{ОR}	TOTAL	
_	ં લ	AIMS AS AMI	ENDED	- PART II			•		•	
7	y (600	Column 1)		(Column 2)	(Column 3) .	SMALL	NTITY	OR		R THAN ENTITY
A F	* 1 1	CLAIMS REMAINING AFTER . ! I AMENDMENT !	:	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
ENDMENT	Total (SV CFR 1.16(cj)	20	Minus	" 20	17	x s=		_OR.	x s=	
Z	Independent (37 CFR 1.18(b))	2	Minus	" 3	Ö	x 8		OR	× \$	
₹	FIRST PRESENTATION OF MUSTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))							OR	+\$=	
	1 7	•			•	TOTAL ADD'L FEE	•	OR	TOTAL ADD'L FEE	
d.	2/00	(Cotumn 1)	٠.	(Column 2)	(Column 3)					
← 9 – 2		CLAIMS REMAINING AFTER ;		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.18(c))	19!	Minus	. 20	2	X 8 =		OR)	x s=	
Ī	Independent (37 CFR 1.16(b))		Minus	·· 3	*	x s=		OR	× \$=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					+\$ =/		OR	٠: ١	
				,		ADD'L FEE		OR	TOTAL ADD'L FEE	
	:·	(Column 1)		(Column 2)	(Column 3)			•		/
S		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
ENDMENT	Total G7 CFR 1.16(vi)	•	Minus	••	a .	x \$=		OR	x \$=	
Ž	,tridependent! (DV CFR).16(b))	•	Minus	***		x \$=		OR	x s=	•
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =		OR	+ 5 =	
			•			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office; U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND.TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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